



Republic of the Philippines

VISAYAS STATE UNIVERSITY

Visca, Baybay City, Leyte

Stamp of Date of Receipt

APPLICATION FOR LEAVE

1. OFFICE/DEPT./DIVISION	Name (Last)	(First)	(Middle)
CME	Nuñez	Lilian	Bandola
3. DATE OF FILING	4. POSITION	5. SALARY (Monthly)	
01/02/2025	Associate Professor V		

6. DETAILS OF APPLICATION

6.a TYPE OF LEAVE TO BE AVAILED OF: <input type="checkbox"/> Adoption <input type="checkbox"/> Mandatory/Force <input type="checkbox"/> Maternity - 7 days Transferable to father/alternate caregiver <input type="checkbox"/> Maternity - additional 15 days for single mother <input type="checkbox"/> Monetization <input type="checkbox"/> Parental (Solo Parent) <input type="checkbox"/> Paternity <input type="checkbox"/> Rehabilitation (Sec. 55, Rule XVI, Omnibus Rules Implementing E.O. No. 292) <input checked="" type="checkbox"/> Sick <input type="checkbox"/> Special Emergency (Calamity) <input type="checkbox"/> Special Leave Benefits for women <input type="checkbox"/> Special Leave Privileges <input type="checkbox"/> Study <input type="checkbox"/> VAWC (RA No. 9262 / CSC MC No. 15, s. 2005) <input type="checkbox"/> Vacation Others: _____	6.b DETAILS OF LEAVE: In case of vacation/Special Privilege leave: <input type="checkbox"/> Within the Philippines : <input type="checkbox"/> Abroad (Pls. Specify) : In case of Sick leave: <input type="checkbox"/> In Hospital (Pls. Specify) : <input checked="" type="checkbox"/> Out Patient (Pls. Specify) : <u>Home to rest</u> In case of Special Leave Benefits for Women: (Specify Illness) In case of Study leave: <input type="checkbox"/> BAR/Board Examination Review <input type="checkbox"/> Completion of Master's Degree <input type="checkbox"/> Completion of Doctorate Degree <input type="checkbox"/> Completion of PHD Degree Other purpose: <input type="checkbox"/> Monetization of Leave Credits <input type="checkbox"/> Terminal Leave
6.c NUMBER OF WORKING DAYS APPLIED FOR <u>1 day</u> Inclusive Dates 12/20/2024 - 12/20/2024	6.d COMMUTATION <input checked="" type="checkbox"/> Requested <input type="checkbox"/> Not Requested NUÑEZ, LILIAN B. (Signature of Applicant)

7. DETAILS OF ACTION ON APPLICATION

7.a CERTIFICATION OF LEAVE CREDITS AS of: <u>January 2025</u> <table><tr><td></td><td>Vacation Leave</td><td>Sick Leave</td></tr><tr><td>Total Earned</td><td>28.63</td><td>400.375</td></tr><tr><td>Less this Application</td><td></td><td></td></tr><tr><td>Balance</td><td>28.630</td><td>399.375</td></tr></table> FLORANTE G. DIDAL Payroll and Leave Benefits Office		Vacation Leave	Sick Leave	Total Earned	28.63	400.375	Less this Application			Balance	28.630	399.375	7.b RECOMMENDATION: <input type="checkbox"/> For Approval <input type="checkbox"/> For Disapproval due to: ROTACIO S. GRAVOSO Office of the Vice President for Academic Affairs
	Vacation Leave	Sick Leave											
Total Earned	28.63	400.375											
Less this Application													
Balance	28.630	399.375											
7.c APPROVED FOR: ____ day(s) with pay ____ day(s) without pay Others (Specify):	7.d DISAPPROVED due to:												

PROSE IVY G. YEPES

(Printed Name and Signature)
University President